HTE# 07-5-18136

Harnest County Department of Public health Improvement Permit

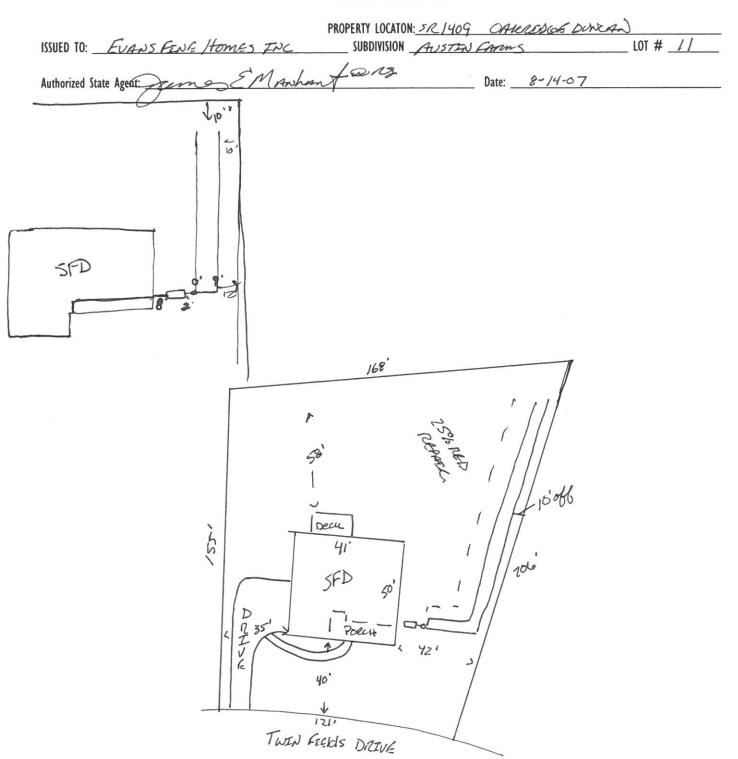
A building permit cannot be issued with only an Improvement Permit

	PROPERTY LOCATIO	N:512/409 0	AMREDGE DURENS	20
ISSUED TO: EVANTS FENE HOMES INC		JUSTEN FARM		LOT # _/_
NEW ☑ REPAIR □ EXPANSION □	5	ite Improvements req	uired prior to Construction Author	orization Issuance:
Type of Structure:SFD				
Proposed Wastewater System Type: 25% NEW UNION System	-			
Projected Daily Flow: GPD Number of bedrooms: Number of Occupants: 6				
Basement Ses No	max			
Pump Required: ☐Yes ☐ No ☐ May be required based on final lo	- cation and elevation	ons of facilities		
Type of Water Supply: Community Public Well Distance			Permit valid for:	Five years
Permit conditions:				☐ No expiration
			S-2-19-19-19-19-19-19-19-19-19-19-19-19-19-	
Authorized State Agent: James & Monhante	Date:	8-14-07	CEE V.	TTACHED SITE SKETCH
The issuance of this permit by the Health Department in no way guarantees the issuance	ce of other permits.			
their requirements. This site is subject to revocation if the site plan, plat, or the intend				
permit is subject to compliance with the provisions of the Laws and Rules for Sewage T	reatment and Dispos	al and to conditions of	this permit.	
Constru	uction Auth	orization		
(Regi	uired for Building	Permit)		
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .195			ed by references into this permit and	shall be met. Systems shall be
installed in accordance with the attached system layout.				*
ISSUED TO: KNAWS FENR HOMAS ENC	PROPERTY L	OCATION: 5 1 40	S OANEEDER DUNCA	WRD
			ens	LOT # _//
Facility Type: SFD	Expansion	n 🗌 Repair		
Basement? Yes No Basement Fixtures? Yes	✓ No			
Type of Wastewater System** 25% RBD OTIN System ((Initial) V	Vastewater Flow: _	360 GPD	
(See note below, if applicable)				
25% PLEDUCTION System	(Repair)		
Installation Requirements/Conditions	3 × 80			
	2 X			
Septic Tank Size 1000 gallons Exact length of e	ach trench/	20 feet	Trench Spacing:	Feet on Center
Pump Tank Size gallons Trenches shall be	installed on cont	tour at a	Soil Cover:	inches
Maximum Trench	Depth of: 24-	>18" inches	(Maximum soil cover shall	not exceed
(Trench bottoms s	shall be level to	+/-1/4"	36" above the trench bo	ottom)
in all directions)				
Pump Requirements:ft. TDH vs GPM			6	inches below pipe
			Aggregate Depth:	inches above pipe
Conditions:	****			12 inches total
**If applicable: I understand the system type specified is differ	rent from the tvi	ne specified on the	application I accept the spec	ifications of this permit
Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat, or the inte			Date:	
This Construction Authorization is subject to revocation if the site plan, plat, or the inte	nded use changes. The	ne Construction Authoriz	ration shall not be transferred when	there is a change in ownership
of the site. This Construction Authorization is subject to compliance with the provisions of	of the Laws and Rule	es for Sewage Treatment		
Australiand State Are State St	ens	N	SEE A	ITACHED SITE SKETCH
Authorized State Agent: ames & Manhant Constr		Date: _	8-14-07	
Constr	uction Authoriza	tion Expiration D	ate: 8-14-12	

HTE#	17-5-18136	
HILTT	01-21000	

Permit # 24218

Harnett County Department of Public Health Site Sketch



Division of Environmental Health

On-site Wastewater Section

Property ID:

Lot #:

File #: Code:

[] Mixed

SOIL SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Applicant: 18/36 Address: Date Evaluated: 8-9-07 Proposed Facility: Design Flow (.1949): 360 SFD Property Size: Location of Site: **Property Recorded:** Water Supply: [] Individual [] Well [] Spring []Other [] Auger Boring **Evaluation Method:** [] Pit [] Cut [/ Sewage Type of Wastewater:

[] Industrial Process

PROP				MORPHOLOGY	PROF	OTHER:	OR S	
100	Landscape Position Slope%	Horizon Depth (IN)	7 Structures	1941				
1	L 4%	30-48	SCL	SH GR NSNP Shand Store 555P				. y
2	L 5%	0-20	si su	M GN NENP	36. 2. 26.6			- 4
3	ر ده	0-16 16-40		M GA NONP	32" " " " " " " " " " " " " " " " " " "			
								35
	Ė							
	-							

Description	Initial System	Repair System
vailable Space (.1945)		7
ystem Type(s)	284	Ther
ite LTAR	4	. 3

Other Factors (.1946):

Site Classification (.1948):

Evaluated By:

Others Present:

